Washington State Department of Social & Health Services

Dennis Braddock, Secretary

DSHS Accountability ScoreCard

July 2000 – July 2003

The mission of DSHS is to improve the quality of life for individuals and families in need. We will help people achieve safe, self-sufficient, healthy and secure lives.

Health and Safety of Washington's Children	July 2000	July 2001	July 2003
Goal: *The health of Washington's children is maintained or improved.*			
• Assure death rate for all infants born to Washington residents is lower than rates in 85% of all states. (deaths per 1,000 births)	5.0	4.9	4.7
• Assure death rate for African American/American Indian infants born to Washington residents is lower than rates in 85% of all states. (deaths per 1,000 births)	9.5	9.3	8.9
• Reduce death rate for children using DSHS services. (deaths per 100,000 children aged 1 to 9)	30	26	18
• Increase number of low- and moderate-income children enrolled in state-subsidized health coverage.	488, 400	505,100	525,400
Goal: *Children in DSHS care or referred to DSHS are safe from abuse and neglect.*			
• Increase percent of high-standard child abuse and neglect investigations where the child is seen within ten days.	84%	88%	95%
Goal: *DSHS services help children experience stable lives.*			
• Increase number of children in DSHS care adopted into a permanent home.	1,005	1,105	1,338
Economic Development and Self-Sufficiency			
Goal: *DSHS clients who are able to work are employed.*			
• Increase percent of families who leave welfare and then earn at least 10% more in wages at the beginning of their second year off welfare.	35%	41%	45%
• Increase percent of adults on welfare who, within 30 days of receiving their first check, are working, looking for work, or preparing for work.	85%	87.5%	90%
Goal: *DSHS clients live as independently as possible.*			
• Increase number of low-income frail elderly and persons with disabilities who receive needed long-term help with daily living and medical care in safe, secure community settings.	29,229	31,503	35,403
• Increase percent of low-income adults with developmental disabilities or mental illness receiving community services who earn some income.	21.5%	22%	23%
Goal: *DSHS services reduce future costs to society.*			
• Increase number of low-income youth and adults with alcohol or other drug problems who complete publicly funded residential treatment for chemical dependency.	54% youth 75% adult	56% youth 77% adult	58% youth 80% adult
Public Trust			
Goal: *Find and minimize fraud and error.*			
• Avoid costs due to fraud and incorrect billings. (Measured by costs avoided) ($7.6m projected savings for 2002; $22.9 projected total savings 2000-2003)	$ 0.7m	$ 6.6m	$ 8.7m
Goal: *Information about services is clear and available.*			
• Increase percent of DSHS clients reporting that the information they received was clear and available.	TBD	5% increase	10% increase
Goal: *Treat people with courtesy and respect.*			
• Increase percent of DSHS clients reporting they were treated with courtesy and respect by DSHS employees and contractors.	TBD	5% increase	10% increase
• Increase percent of vendors and community providers reporting they were treated professionally and with courtesy and respect by DSHS employees.	TBD	5% increase	10% increase

DATA SOURCES AND DEFINITIONS

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INFANT DEATH RATES (ALL AND MINORITY): "Infants" are defined as children aged birth through 1 year. Numerator is all infants who died within a given year. Denominator is all infants born within the same year. Washington State birth and mortality data are drawn from the Department of Health (DOH) Center for Health Statistics (CHS). Infant mortality is not available until the summer after the calendar year (CY) of death. Therefore, the "2000" column reports on deaths which occurred in CY99, the "2001" column on deaths in CY00, and the "2003" column on deaths in 2002. Other state ranks for comparisons are drawn from Infant Mortality Rates reported to the National Center for Health Statistics (NCHS).

AFRICAN-AMERICAN AND AMERICAN INDIAN INFANT DEATH RATES: Same sources and definitions as above rates. The numerator and denominator include only infants of African American or American Indian race/ethnicity, who nationally and in Washington State have higher infant death rates than other groups. The national published tables do not report these data, so they were drawn from the NCHS CD-ROM. Some states do not have enough deaths in this age range to be included in the published tables.

CHILD DEATH RATES IN DSHS CARE: "Children" are defined as ages one through nine. Numerator is all DSHS clients aged one through nine who died within a given year. Denominator is all DSHS clients during a given year aged one through nine. A DSHS client receives at least one service from DSHS during the year. For the baseline year of 1998, denominators were drawn from the DSHS Client Registry maintained by the Research and Data Analysis division of DSHS. Numerators were obtained by matching death data from the DOH Center for Health Statistics with the DSHS Client Registry. In the future, the DSHS Client Services Data Base will replace the Client Registry.

CHILD HEALTH PLAN ENROLLMENT: "Children" here are defined as all non-adults: persons from birth through age 18. September data represents clients aged birth through 18 enrolled in a DSHS-funded health plan during the April-June quarter in the same year. Source will be Medicaid enrollment from the MAA/MMIS Eligibility File. Targets come from the Caseload Forecast Council forecasts and will be revised with new forecasts. Percent denominators are all children aged birth through 18, from the Office of Financial Management estimates.

HIGH RISK CHILD ABUSE INVESTIGATIONS: Numerator will initially be a hand count by region of those CPS referrals received during the quarter requiring a high standard of investigation where the 10 day face-to-face requirement was met. By January 2002 this count should be available in automated form from the DSHS Case and Management Information System (CAMIS). The denominator is the CAMIS count of CPS referrals received during the quarter that required a high standard of investigation.

ADOPTIONS: Initially, this is a CAMIS count of children in out-of-home placement that show an episode outcome of adoption. In the future, this may change to adoptions recorded in the legal system, which is consistent with federal reporting standards.

WELFARE LEAVERS AND EARNINGS: Earnings are defined as those earnings recorded in the Employment Security Department's (ESD) Unemployment Insurance Wage and Earning file. Self-employed persons and those working part-time for very small firms are not likely to be included. These data are obtained by matching "welfare leavers" with their UI earnings each quarter after they leave welfare.

30-DAY WORKFIRST PARTICIPATION RATE: Data are drawn from the DSHS Automated Client Eligibility System (ACES) and reflect quarterly client participation in an "approved WorkFirst program activity."

LONG-TERM CARE IN COMMUNITY: These long-term care client records are drawn from the Social Service Payment System authorization files and the Medical Management Information System payments. They represent the number of persons in community care during an average month.

MENTALLY ILL AND DEVELOPMENTALLY DISABLED EARNERS: These data reflect persons ages 18 to 65 and are reported quarterly. Numerator is all current clients of the DSHS Mental Health Division (MHD) and Division on Developmental Disabilities (DDD) who, while living in the community, are also earning wages. Wages are obtained from the DSHS supported employment file or the ESD-Unemployment Insurance Wage and Hours file. Denominator is all current MHD and DDD clients 18-65 who live in community settings. These data are assembled in the DSHS Employment Monitoring Data Base maintained by DSHS Research and Data Analysis Division.

CHEMICAL DEPENDENCY RESIDENTIAL TREATMENT: Data are drawn from the Treatment and Assessment Report Generation Tool (TARGET) maintained by the DSHS Division of Alcohol and Substance Abuse. A "treatment completer" is defined as someone who completed the residential program as planned upon intake (as opposed to someone who left before completion).

FRAUD AND ERROR COST AVOIDANCE: Avoided costs shown here result from the DSHS Payment Integrity Project. They represent recoupments, recoveries and documented cost avoidance from payment integrity processes. DSHS is presently re-basing its fraud investigation cost recoupment methodology. When that work is completed, those avoided costs will be added to this baseline and targets.

CLIENT SURVEY: Washington State University's Social and Economic Studies Research Center (SESRC) is assisting DSHS to design and pretest a client satisfaction survey, which will be administered each year in the winter by the SESRC to a random sample of clients or their guardians by telephone. The survey will include procedures to minimize response bias (such as callbacks, translations, and weights to account for non-telephone households). Once the instrument is designed and pretested, a copy will be available on the DSHS-Research and Data Analysis (RDA) Website. The SESRC report on the survey, when complete, will also be available on the RDA-Website.

VENDOR AND PROVIDER SURVEY: Washington State University will also assist DSHS in designing and implementing a survey of their vendors and community providers.

CONTACT:

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